## Mississippi Secretary of State

AGENCY NAME Public Employees' Retirement System	CONTACT PERSON Jane L. Mapp	TELEPHONE NUMBER 601-359-3592
ADDRESS 429 Mississippi Street	CITY Jackson	STATE ZIP MS 39201
EMAIL JMapp@pers.ms.gov	SUBMIT Name or number of rule(s): 04/28/16 Mississippi Government Emplo Plan Document	yees' Deferred Compensation Plan and Trust
would Create Section 4.10, Volunto	/repeal and reason(s) for proposing rule/amend ory Auto-Escalation of Contributions, to allo and schedule automatic increases in contributions. The contribution of the contribution of th	w participants to elect to participate in a
pecific legal authority authorizing the ist all rules repealed, amended, or sus		0
ORAL PROCEEDING:		
Presently, an oral proceeding is not s	cheduled on this rule.	
en (10) or more persons. The written request si otice of proposed rule adoption and should inci- gent or attorney, the name, address, email add omment period, written submissions including ECONOMIC IMPACT STATEMENT:	oceeding must be held if a written request for an oral prochould be submitted to the agency contact person at the ablude the name, address, email address, and telephone num ress, and telephone number of the party or parties you reparguments, data, and views on the proposed rule/amendmired for this rule.	ove address within twenty (20) days after the filing of the person(s) making the request; and, if you are resent. At any time within the twenty-five (25) day pubent/repeal may be submitted to the filing agency.
en (10) or more persons. The written request si otice of proposed rule adoption and should inci gent or attorney, the name, address, email add	hould be submitted to the agency contact person at the ab lude the name, address, email address, and telephone num ress, and telephone number of the party or parties you rep arguments, data, and views on the proposed rule/amendm	pove address within twenty (20) days after the filing of the person(s) making the request; and, if you are resent. At any time within the twenty-five (25) day put ent/repeal may be submitted to the filing agency.    economic impact statement attached.    FINAL ACTION ON RULES
en (10) or more persons. The written request si otice of proposed rule adoption and should incigent or attorney, the name, address, email add omment period, written submissions including a ECONOMIC IMPACT STATEMENT:  Economic impact statement not request statement and request statement statement and request statement	hould be submitted to the agency contact person at the ablude the name, address, email address, and telephone numbers, and telephone numbers, and telephone numbers, and telephone number of the party or parties you reparguments, data, and views on the proposed rule/amendmined for this rule.  PROPOSED ACTION ON RULES  Action proposed:  New rule(s)  X Amendment to existing rule(s)  Repeal of existing rule(s)  Adoption by reference  Proposed final effective date:  30 days after filling  X Other (specify): 08/01/16	pove address within twenty (20) days after the filing of the person(s) making the request; and, if you are resent. At any time within the twenty-five (25) day put ent/repeal may be submitted to the filing agency.    economic impact statement attached.    FINAL ACTION ON RULES

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